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Presidential Message

Liaison with Other Societies

■ The A.D.S.A. is in the process of organizing satisfactory liaisons with other groups. It is essential that the A.D.S.A. maintain lines of communication and satisfactory relations with the American Society of Anesthesiologists, the American Society of Oral Surgeons and last, but not least, the American Dental Association.

The A.D.S.A. and the A.S.A. have been in constant communication during the past four years on an informal basis. The A.D.S.A. hopes to continue its relations with the A.S.A. on as amiable and constructive a basis as possible. The A.S.A. is a large, influential organization which represents the physician anesthesiologist. The problems of anesthesiology which are peculiar to the physician who limits his practice to this specialty have been handled very effectively by the A.S.A. It is hoped that the A.D.S.A. will, in the future, work as effectively in resolving problems which relate to the dentist who is interested in anesthesia. It is felt that when the A.S.A. fully understands our aims and purposes, it will be more receptive to a satisfactory relationship.

This is also so with the American Society of Oral Surgeons, particularly since many members of the A.S.O.S. are active members and, in some instances, officers of the A.D.S.A. Our problems are, in many respects, mutual ones. Achieving our eventual aims should be a co-operative effort whenever possible, in order to advance the knowledge of anesthesia as it pertains to dentistry.

A satisfactory liaison with the American Dental Association is of the utmost importance. The A.D.A. is our parent organization. It is our desire to cooperate in every way possible with the A.D.A., particularly in regard to anesthesia. It is our hope to create a greater degree of interest in the Section on Anesthesiology of the A.D.A. by encouraging our members to attend the annual sessions and, whenever possible, to take an active part in their presentation. This increased interest will stimulate other individuals to further their knowledge of anesthesia as it applies to dental practice.

LEONARD M. MONHEIM.

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1. Smith R. M., Bachman, L., and Bougas, T. — *Shivering Following Thiopental Sodium and Other Anesthetic Agents*. Anesthesiology 16:655 (Sept. 1955)
2. Clark, R. E., Orkin, L. R., and Rovenstine, E. A. — *Body Temperature Studies in Anesthetized Man: Effect of Environmental Temperature, Humidity, and Anesthesia System*, J.A.M.A. (154:311) Jan 23, 1954.
3. Beattie, J. — *Functional Aspects of the Hypothalamus*, Henderson Trust Lectures, Edinburgh, Oliver and Boyd, 1938.

Comment: This type of reaction is not uncommon with any of the barbiturates used intravenously. Many theories have been advanced as to its cause, some of which are mentioned in this case report.

One explanation, not mentioned, recalls that thiopental does not raise the pain threshold and that any impulses reaching the depressed cerebral cortex may be misinterpreted and produce these generalized muscle twitchings. To bear out this theory, it is generally agreed that premedication or administration of drugs that elevate the pain threshold reduces the incidence of this reaction. H.A.S.



**Component Society Representatives Receive Charters
at A.D.S.A. Miami Meeting, November 3, 1957**

Left to right: James Jones (Alabama); Richard Lowell (New York); Louis Schwartz (Pennsylvania); Morgan Allison (Ohio); Freeman Slaughter (North Carolina); J. D. Whisenand (Iowa); Joseph Osterloh (California); William Kinney (Utah); Sylvan Shane (Maryland); Aaron Moss (New Jersey); Emmett Jurgens (Illinois); Leonard Fox (Massachusetts).

Restorative Dentistry Under General Anesthesia



RICHARD J. LOWELL, D.D.S.

Question —*Why is this type of treatment needed?*

Answer —To care for the dental needs of the thousands of handicapped and behavior-problem patients for whom treatment would otherwise be extremely difficult or impossible.

Question —*Is this service limited to children?*

Answer —Adults as well as children can be managed very satisfactorily with this technic.

Question —*What dental procedures are possible with this technic?*

Answer —With the possible exception of full denture prosthesis, all dental procedures such as operative, crown and bridge, endodontia, etc., can be successfully performed.

■ In recent years, a new approach to dental treatment has been developed. Dentists whose proclivity and training have led them to limit their practices to restorative dentistry under general anesthesia are appearing in various sections of the country. Dr. Richard J. Lowell of Jamaica, New York, has been asked to clarify various aspects of this new type of dental practice.

Question —*Who is qualified to perform this service?*

Answer —This technic requires the services of at least three people. Ideally, this should consist of two dentists, both trained in general anesthesia in a recognized institution of postgraduate education, and a dental assistant.

Question —*Can this procedure be performed in a dental chair?*

Answer Experience has shown that an operating table is preferable to a chair. All the necessary drugs and equipment found in an operating room should also be available.

Question —*Could these patients be handled with premedication and analgesia?*

Answer —If the necessary patient cooperation can be acquired, most patients can be handled satisfactorily with premedication and analgesia, but there remain a large number in which unconsciousness is necessary for good dental treatment to be accomplished. It is this group for whom this technic has been developed.

Question —*For how long a period can an ambulatory patient be anesthetized and what can be accomplished during this time?*

Answer —All things being equal, one and a half to two hours is a practical limit for the ambulatory patient. On many patients all the necessary treatment can be completed in one visit. If the treatment is extensive, several visits may be required.

Question —*How long is the patient kept in the office after the procedure is completed?*

Answer —This, of course, depends upon the individual patient. Recovery varies from a half hour to one hour. Normal activity may usually be resumed the same evening.

Question —*What anesthetic drugs and technics are employed in this procedure?*

Answer —Patients are premedicated with a barbiturate

and belladonna derivative. The anesthetic is tailored to the patient's needs, utilizing drugs such as di-vinyl ether, di-ethyl ether, trichlorethylene, nitrous oxide, thiopental sodium and muscle relaxants. An endotracheal tube is usually employed, though in many cases anesthesia, with or without nasopharyngeal tubes, can be safely administered through a nosepiece. There is a great difference between "nosepiece anesthesia" for short oral surgical procedures and for restorative dentistry.

Question —*Is there a danger of aspiration?*

Answer —With endotracheal intubation, a well-placed throat partition, good suction, and sound judgment and care by the operator, the possibility of aspiration poses no problem.

Question —*What psychological effect does this procedure have on a child?*

Answer —When handled properly, there should be no adverse psychological effects. In the case of the child who has been a behavior problem, it is probable that he will return for his next dental visit and allow treatment to be undertaken in the awake state. This may be possible once extensive caries has been eliminated.

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A.D.S.A. Fourth Annual Meeting



Dr. and Mrs. Bruce Douglas (Newsmonthly Editor) and Dr. Harry Sultz (Secretary) seated at Society banquet, Hotel Sorrento.



At the head table, Dr. and Mrs. Seymour Alpert (speaker on the scientific program) and Dr. and Mrs. Edward Thompson (member of the Advisory Board and recipient of the Heidbrink award two years ago)

Miami Beach, Florida — November 2-3, 1957



President and Mrs. Leonard Monheim, Dr. Daniel Lynch (Chairman, Advisory Board), Immediate Past President and Mrs. Cloyd Shultz.



Dr. Joseph Osterloh (Treasurer), Mrs. Stanley Spiro (New York), Dr. C. W. Vize (Indiana), Dr. Richard Herd (Kentucky) at Society's cocktail party, Hotel Fontainebleau.



Society's two new Vice Presidents, Dr. Harold Cross (left) and Dr. Morgan Allison.

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School of Aviation Medicine
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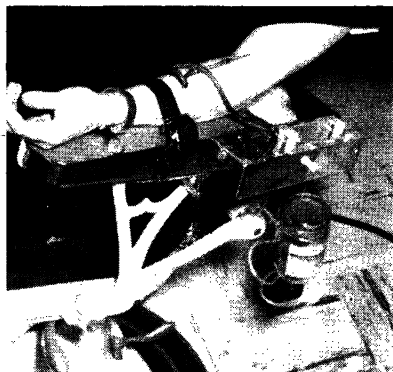
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A Toast to Dallas, Texas, in 1958



Dr. Melvin Becker (Local Arrangements Chairman) (left) and Dr. Joseph Osterloh (Program Chairman) discussing the fruits of their labors at Society's cocktail party, Hotel Fontainebleau.